

**STATE OF SOUTH DAKOTA
DEPARTMENT OF REVENUE
REPORT OF ALCOHOL BEVERAGE VIOLATION
AND
NOTICE OF CONVICTION**

Date of Conviction

City

County

Name of Person Convicted

Address

City

Zip Code

SDCL Section Violated

BUSINESS INFORMATION

Name of Business Where Violation Occurred

Date of Offense

Address of Business Where Violation Occurred

City

Zip Code

Dated this _____ day of _____, 20_____

(Seal) _____
Signature of Clerk of Court or Authorized Representative

**Please Mail along with a Certified Copy of the Judgment or Sentence To:
Department of Revenue
Special Tax Division
445 East Capitol Avenue
Pierre, SD 57501**